

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to Consolidated Appropriations Act. (H.R. 4818).)		Docket Number (Optional) 013183.00037
Application Number 10/764,676		Filed January 26, 2004
For Drug Preparation Comprising α -Lipoic Acid Ambroxol And/Or Inhibitors...		
Art Unit 1626		Examiner T.A. Solola

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-2442. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

☒ attorney or agent of record. Registration Number 24,926

☐ attorney or agent acting under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a). _____

Martin G. Linihan
 Signature

October 13, 2005
 Date

Martin G. Linihan
 Typed or Printed Name

716-848-1367
 Telephone Number

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

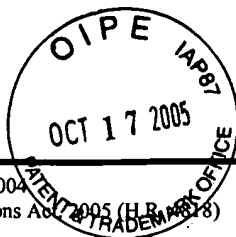
CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date October 13, 2005

Martin G. Linihan
 (Type or print name of person mailing paper)

Martin G. Linihan
 (Signature of person mailing paper)



PTO SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004 Fees pursuant to Consolidated Appropriations Act of 2005 (H.R. 2636)		Complete if Known				
FEE TRANSMITTAL For FY 2005		Application Number	10/764,676			
		Filing Date	January 26, 2004			
		First Named Inventor	Peter Rohnert et al.			
		Examiner Name	T.A. Solola			
		Art Unit	1626			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	013183.00037			
TOTAL AMOUNT OF PAYMENT		(\$1020)				
METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u>						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee						
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES						
<u>Fee Description</u>					<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent					50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent					200	100
Multiple dependent claims					360	180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		
-20 or HP = _____ x _____ = _____				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
-3 or HP = _____ x _____ = _____						
HP = highest number of independent claims paid for, if greater than 3						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
6	- 100 = _____ / 50 = _____	(round up to a whole number)	x _____ = _____			
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)				<u>Fees Paid (\$)</u>		
Other: Extension fee (3 months)				\$1020		

SUBMITTED BY		
SIGNATURE		Registration No. (Attorney/Agent) 24,926
NAME (Print/Type)	Martin G. Linihan	Telephone 716-856-4000
		Date October 13, 2005

"I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on October 13, 2005

Martin G. Linihan
Name

Signature

October 13, 2005
Date of Signature